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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Coventry Health and Life Insurance Company
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO		
<b>Product Name:</b>	AR GMC Addendum		
<b>Project Name/Number:</b>	GMC Addendum - EFT/		

## Filing at a Glance

Company:	Coventry Health and Life Insurance Company
Product Name:	AR GMC Addendum
State:	Arkansas
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.001A Any Size Group - PPO
Filing Type:	Form
Date Submitted:	12/05/2012
SERFF Tr Num:	CVKS-128797546
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AR GMC ADDENDUM
Implementation	On Approval
Date Requested:	
Author(s):	Vanda Johnson, Paula Bostock, Lisa Foos
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	12/06/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

**State:** Arkansas  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO  
**Product Name:** AR GMC Addendum  
**Project Name/Number:** GMC Addendum - EFT/  
**Filing Company:** Coventry Health and Life Insurance Company

## General Information

Project Name: GMC Addendum - EFT  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 12/06/2012  
State Status Changed: 12/06/2012  
Created By: Paula Bostock  
Corresponding Filing Tracking Number:  
Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Paula Bostock

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Submitted for your approval is an addendum to the Group Master Contract, which was reviewed and approved by your office on June 28, 2011 under CVKS-127187464. The addendum will be issued to groups who wish to use electronic funds transfers for premium payments.

## Company and Contact

### Filing Contact Information

Lisa Foos, Manager, Regulatory Compliance  
8535 E. 21st St. N.  
Wichita, KS 67206  
lfoos@phsystems.com  
316-609-2564 [Phone]

### Filing Company Information

Coventry Health and Life Insurance Company  
8320 Ward Parkway  
Kansas City, MO 64114  
(866) 795-3995 ext. 4539[Phone]  
CoCode: 81973  
Group Code: 1137  
Group Name: Coventry Health Care  
FEIN Number: 75-1296086  
State of Domicile: Delaware  
Company Type: LAH  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

Company	Amount	Date Processed	Transaction #
Coventry Health and Life Insurance Company	\$50.00	12/05/2012	65467779

<b>SERFF Tracking #:</b>	CVKS-128797546	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AR GMC ADDENDUM
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Coventry Health and Life Insurance Company		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/06/2012	12/06/2012

<b>SERFF Tracking #:</b>	CVKS-128797546	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AR GMC ADDENDUM
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## Disposition

Disposition Date: 12/06/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	EFT Addendum	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: CHC-ALL-ADD-333-12.12**

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/06/2012	EFT Addendum	CHC-ALL-ADD-333-12.12	OTH	Initial			GMC Addendum EFT CHC-ALL-ADD-333-12.12.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

## ADDENDUM ONE

To the

### Group Master Contract

This Addendum (the "Addendum") is entered into by and between Coventry Health Care of Kansas, Inc. and/or on behalf of Coventry Health and Life Insurance Company ("Plan") and \_\_\_\_\_ ("Group") and sets forth the parties' agreement with respect to the additional terms and conditions contained herein.

Plan and Group previously entered into a Group Master Contract (hereinafter "the Contract") to provide for, *inter alia*, the provision of health care benefits to eligible enrollees. The parties agree that the terms and conditions set forth in this Addendum shall be part of the Contract effective as of the Effective Date of this Addendum. Any conflicts or inconsistencies between the Contract and this Addendum shall be read and resolved in favor of this Addendum. All terms and conditions of the Contract, not otherwise modified by this Addendum, shall continue and be in effect.

The following Section 4.4 is added to the Contract:

#### 4.4 Electronic Funds Transfer (EFT) Authorization for Premium Payment

Group hereby agrees to remit Premiums due pursuant to the Contract through electronic funds transfer. Group hereby agrees to complete the EFT Authorization Form as provided by Plan to initiate credit entries and/or adjustments for any credit entries made in error to the account listed in the EFT Authorization Form attached hereto and incorporated herein by reference. Group hereby authorizes the financial institution named in the EFT Authorization Form to credit and/or debit the same to such account.

This authorization is active as of the Effective Date listed below and is to remain in effect until Plan has received written notification from an official agent or representative of the Group of termination or changes to this authorization or until the Contract is terminated. Group agrees to submit an updated EFT Authorization Form if or when any provided information changes.

In consideration of the administrative tasks associated with this EFT Authorization, Plan agrees to provide the Group a onetime one hundred dollar (\$100) Premium credit in the first month Premiums are remitted through EFT.

\_\_\_\_\_  
Group signature

\_\_\_\_\_  
Plan signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Effective Date: \_\_\_\_\_  
(to be completed by Plan)

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	12/06/2012
Bypass Reason:	n/a		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/06/2012
Bypass Reason:	n/a		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/06/2012
Bypass Reason:	n/a		